AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

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July 13, 2026

Director Russell Vought
Office of Management and Budget
Office of Federal Financial Management
725 17th Street, NW
Washington, DC 20503

Submitted via regulations.gov

Re: Office of Management and Budget (OMB) Regulation for Federal Financial Assistance (Docket No. OMB-2026-0034)

Dear Director Vought,

On behalf of the Association of Maternal and Child Health Programs (AMCHP), thank you for the opportunity to provide comments on the proposal to revise several parts of the OMB Guidance for Federal Financial Assistance (Uniform Guidance) located in title 2 of the Code of Federal Regulations (CFR), subtitle A (OMB-2026-0034, Office of Management and Budget (OMB) Regulation for Federal Financial Assistance).

AMCHP is the national nonprofit member association and technical assistance resource center representing and serving public health leaders in all 59 states and jurisdictions who administer the Health Resources Services Administration's (HRSA's) Title V Maternal and Child Health (MCH) Services Block Grant (Title V), a federal-state partnership that was permanently authorized by the Social Security Act of 1935. Title V programs function as chief strategists for MCH initiatives in their respective states, working with local, state, and national partners to ensure people receive an array of most-needed services to avoid more costly chronic conditions later in life, thereby saving federal and state governments money. Serving over 99% of infants, 92% of pregnant women, and 62% of children nationwide (according to fiscal year 2024 data), our members conduct population-level assessments, set priorities, plan services, and evaluate outcomes to improve the health of women, infants, children, and families.

In addition to our members' ability to serve MCH communities with federal funds, AMCHP has received federal grants from various federal agencies for at least 30 years and counting. Currently, we hold 18 grants administered by HRSA and the Centers for Disease Control and Prevention which enable us to forge and support national, state, and local partnerships to aid with dissemination, capacity building, and systems integration for the MCH workforce and population at-large. As a national organization with a long history of being responsible stewards of federal grant dollars as well as being the member association for Title V grantees, AMCHP is uniquely positioned to comment on these proposed changes.

AMCHP supports efforts to improve transparency, accountability, and oversight of federal awards, including ensuring American tax dollars are not wasted or misused. However, we have concerns about several provisions within this proposed rule that would impose new, burdensome requirements for federal grantees, require implementation without a realistic transition period, and run contrary to Congressional intent and the ability for grantees to truly serve the needs of the community. We respectfully urge OMB to

- ***withdraw or substantially revise with further stakeholder input [§ 200.205], [§ 200.206(b)], [§ 200.208], [§ 200.332], [§ 200.340], [§ 200.341], [§ 200.342], [§ 200.421], [§ 200.432], and [§ 200.454] and***
- ***provide a phased implementation period over two years and robust technical assistance.***

[§ 200.205] Federal Agency Review of Merit of Proposals

The proposed rule requires senior federal appointees to conduct a pre-issuance review of every federal discretionary award and specifies that appointees "must not ministerially ratify or routinely defer to" peer reviewers, whose role is reduced to advisory. This new pre-issuance review layer introduces a political checkpoint in the award-selection process and diminishes the value of expert peer review panels. Only expert peer reviewers using ethical judgment have the necessary expertise to uphold the responsibility of determining the merit, soundness, and necessity of funding grant applications. In 2020, a study facilitated by the National Bureau of Economic Research affirmed that peer review is the efficient option, compared with institutional discretion, to maximize the advancement of the frontier of science.[1] A generalist appointee would likely not have the skillsets, experience, or technical expertise to assess the merit of a grant proposal. ***AMCHP***

urges OMB to strike the subsections within [§ 200.205] subordinating expert peer review and requiring a pre-issuance review.

[§ 200.206(b), § 200.208] Federal Agency Review of Risk Posed by Applicants; Specific Conditions

AMCHP is concerned about the expansion of the definition of "risk" factors for federal grantees to include subjective interpretations and perceptions of organizational integrity "based on publicly available and verifiable information":

- "engagement in activities or initiatives that are inconsistent with Federal civil rights laws, including the equal protection principles of the U.S. Constitution and prohibitions against unlawful discrimination" and
- "applicant's membership in or affiliation with organizations engaged in activities that violate Federal law".

These provisions lack enough detail and guidance for clear and consistent interpretation and enforcement and do not align with merit-based grants management principles. ***While we support accountability measures, AMCHP urges that risk assessment should remain grounded in financial management stability and capacity and programmatic performance history.***

[§ 200.332] Requirements for Pass-Through Entities

The proposed rule includes a new provision that would require grantees who choose to enter into subawards ensure that subrecipients do not "significantly damage the reputation" of the pass-through entity (original grantee), funding agency, or the U.S. government. However, this proposed requirement is vague and would require burdensome tracking and monitoring activities without clear evidence of the issue the proposed rule says it is trying to address. Moreover, the additional burden would be costly and require grantees to divert congressionally-appropriated funds from their public health purpose. Further, directly-funded entities may decide to provide fewer grants to subawardees, or forego pass-through opportunities all together, which could lead to fewer resources making it to hard-to-reach entities such as local or community organizations in rural areas. ***AMCHP urges OMB to withdraw § 200.332, allowing for targeted federal dollars to reach the communities that need it most.***

[§ 200.340, § 200.341, § 200.342] Termination and Suspension; Notification; Appeals

The proposed rule would expand the authority of agencies to:

- terminate awards at any time when they no longer align with "agency priorities or the national interest," a standard with no defined limits;
- authorize 90-day stop-work suspensions pending termination;
- require only brief written notice for discretionary terminations; and
- eliminate recipients' appeal or hearing rights for discretionary terminations.

The possibility of mid-cycle cancellations, stop-work orders, and/or suspensions would create unpredictability, instability, and likely, irreparable harm for grantees, making it difficult to plan lifesaving programs and implement effective interventions. These actions would disrupt program activities that are already in progress according to workplans already approved by the federal government.

Further, the provided rationale analogizes this to the termination-for-convenience clause in federal procurement. However, a grant or cooperative agreement functions very dissimilarly to a contract mechanism for the purchase of a deliverable; grants and cooperative agreements are multi-year commitments that not only provide financial stability for the grantee but also afford the opportunity for stronger and more effective program development, capacity building, and deeper relationships. With guaranteed support spanning several years, grantees structure years of work to have sufficient time to evaluate their approaches, make necessary adjustments, and scale successful initiatives. This extended timeframe allows for more meaningful measurement of outcomes and the flexibility to pivot strategies based on real-world results and changing community needs. The potential for the type of program disruptions outlined in the proposed rule would complicate procurement planning, increase costs, and discourage contractors and other partners from entering long-term agreements essential to effective program delivery.

AMCHP strongly urges OMB to restore meaningful notice, cure, and appeal rights for all terminations, and to limit discretionary termination authority to circumstances grounded in objective criteria.

[§ 200.421, § 200.432, § 200.454] Advertising and Public Relations; Conferences; Memberships, Subscriptions, and Professional Activity Costs

The proposed rule reclassifies previously allowable communications- and engagement-based operational expenses – specifically public health communication through public relation channels, conference attendance, and membership dues – as unallowable. This approach to fiscal accountability may have unintended consequences that weaken the ability of federal grantees to communicate rapidly and effectively with the public, particularly during public health emergencies and other urgent events. This could result in significant reductions in public awareness, latency in dissemination of critical health information, and diminished emergency response effectiveness. Effective public health communication is a core public health function and an authorized, funded component of federal assistance programs.

Further, without the ability to participate in conferences and member organizations, grantees would lose access to critical training, education, peer learning, and other resources that spur innovation. Barring the use of funds for professional memberships and scientific conferences forces grantees like states and territories that rely on federal funding to solve identical public health crises in silos, leading to systemic duplication of effort and significant taxpayer waste. ***AMCHP urges OMB to retain existing flexibility for public communications, memberships, and conference attendance that are directly relevant to award activities*.**

Conclusion

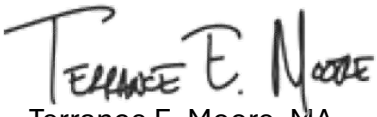
Taken in totality, if this rule is finalized as proposed, it could make federal funding mechanisms far more burdensome for agencies and grantees; risk continued innovation in public and maternal and child health; harm state and local health departments; decrease supports for families to thrive; and undermine Congressional intent.

On behalf of our members and the communities we serve, we urge OMB to withdraw or substantially revise portions of the rule as discussed above that would unduly burden all federal grantees, including those serving MCH communities. Further, given the breadth of the proposed changes, we request that OMB provide a phased implementation period over two years and robust technical assistance. Federal grantees will require sufficient time to update policies, systems, contracts, and oversight processes. A thoughtful and extended transition period would also ensure successful implementation while minimizing

disruption to essential programs, projects, and activities that improve the health of women, infants, children, and families.

AMCHP supports efforts to improve transparency, accountability, and oversight of federal awards, including ensuring American tax dollars are not wasted or misused. We look forward to continued collaboration to ensure that federal grant policies promote accountability and transparency while preserving the flexibility, stability, and operational effectiveness needed to deliver essential public health and MCH services. Our AMCHP government affairs staff stand ready to support and be a resource to OMB as this rule is reconsidered. Please do not hesitate to contact Sherie Lou Santos, AMCHP's Chief of Policy, Government Affairs, and Communications, at SSantos@amchp.org.

Respectfully submitted,



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